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CONFIRMATION NO. 6996

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/624,667 | FILING DATE<br>07/22/2003<br><br>RULE | CLASS<br>417 | GROUP ART UNIT<br>3746 | ATTORNEY<br>DOCKET NO.<br>6990.US.01 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/418,914 10/16/2002  
 and claims benefit of 60/418,986 10/16/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/12/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>23 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance |                           |                        |                       |                            |
| Verified and Acknowledged   | Examiner's Signature<br>  | Initials<br>           |                       |                            |

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## TITLE

Method for discriminating between operating conditions in medical pump

☐ All Fees

☐ 1.16 Fees ( Filing )

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>888 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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